Schedule E)				PAGE 1 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA				C C00499020
				M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	New rep	port Amends repo		
Full Name of Payee Chick Fil-A-MS				of Public Distribution/Dissemination
				06 21 2014
Mailing Address 3403 Halls Ferrd Rd.			Amou	unt
City	State	Zip Code	$-\Gamma$	48.01
Vicksburg	MS	79180		saction ID : SE.35684 of Disbursement or Obligation
Purpose of Expenditure IE-Travel-McDaniel		Category/ Type 002		06 21 2014
Name of Federal Candidate		X Support	Office Sough	ht: House District:00
CHRISTOPHER BRIAN MCDANIEL		Oppose	Presid	lent Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		150434.36	Disbursemer 2014	
			X	Other (specify) ► Runoff
Full Name of Payee Cracker Barrel-MS				of Public Distribution/Dissemination
Mailing Address 410 Riverwind Dr.			L	06 21 2014
			Amou	unt
City	State	Zip Code	□L.	16.60
Pearl	MS	39208		action ID: SE.35688 of Disbursement or Obligation
Purpose of Expenditure IE-Travel-McDaniel		Category/ Type 002	$\exists \mid c$	06 / 21 / 2014
Name of Federal Candidate		X Support	Office Sough	
CHRISTOPHER BRIAN MCDANIEL		Oppose	Presid	dent Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	7 7	150460.86	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditu	res		· •	64.61
(b) SUBTOTAL of Unitemized Independent Expendent	litures		· •	7 7 1 7
(c) TOTAL Independent Expenditures			· · ·	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized	•		•
R. Russ Walker Signature	[Electroi	nically Filed] Date	9 06	23 / 2014
Signature				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	C C00499020
Check if 24-hour report 48-hour report New report Amends report filed	on Man / Dab / Yayayay
Full Name of Payee Cracker Barrel-MS	Date of Public Distribution/Dissemination
	06 22 2014
Mailing Address 410 Riverwind Dr.	Amount
City State Zip Code	9.84
Pearl MS 39208	Transaction ID : SE.35699
Purpose of Expenditure Category/ Category/	Date of Disbursement or Obligation
IE-Travel-McDaniel 002 Type 002	06 22 2014
	Sought: House District: 00
CHRISTOPHER BRIAN MCDANIEL Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary General
	X Other (specify) ▶
Full Name of Payee Crescent City Grill-MS	Date of Public Distribution/Dissemination
Mailing Address 3810 Hardy St.	06 22 2014
5 Soft Haldy St.	Amount
City State Zip Code	96.58
Hattiesburg MS 39402	Transaction ID : SE.35696 Date of Disbursement or Obligation
Purpose of Expenditure IE-Travel-McDaniel Category/ Type 002	06 22 2014
Name of Fodoral Condidate	
CUDICTORUED DRIAN MCDANIEL	President Senate State: MS
Оррозе	President Senate State: MS ursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	
(a) SUBTOTAL of Itemized Independent Expenditures	106.42
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7 7
(c) TOTAL Independent Expenditures.	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
R. Russ Walker	M / D D / Y T Y T Y
[Electronically Filed] Date	

oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	C C00499020
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
D'Lo Truck Stop-MS	06 22 2014
Mailing Address Hwy 49	ount
City State Zip Code	2.76
	nsaction ID : SE.35698 e of Disbursement or Obligation
Purpose of Expenditure IE-Travel-McDaniel Category/ Type 002	06 / 22 / 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
CHRISTOPHED BRIAN MCDANIEL	ident X Senate State: MS
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	ent For:
	e of Public Distribution/Dissemination
Mailing Address	06 22 2014
1 O BOX 20100	ount
City State Zip Code	3006.00
	saction ID : SE.35689 e of Disbursement or Obligation
Purpose of Expenditure IE-Travel-McDaniel Category/ Type 002	06 22 / 2014
Name of Federal Candidate Support Office Sou	ight: House District: 00
CHRISTOPHER BRIAN MCDANIEL Oppose Pres	sident Senate State: MS
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	3008.76
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
R. Russ Walker [Electronically Filed] Date 06	23 2014
Signature	

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OF

Schedule E)	LXI LINDI	TOTILO		PAGE 4 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA				FEC IDENTIFICATION NUMBER ▼
FREEDOWWORKS FOR AWIERICA				C C00499020
Check if 24-hour report 48-hour report	New repo	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee Enterprise Rent A Car-MS				of Public Distribution/Dissemination
Mailing Address 8455 Tennessee Ave.			Amou	06 22 2014 nt
City	state	Zip Code		131.69
	MS	39501		action ID : SE.35695 of Disbursement or Obligation
Purpose of Expenditure IE-Travel-McDaniel		Category/ Type 002		06 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	it: House District: 00
CHRISTOPHER BRIAN MCDANIEL		Oppose	Preside	ent Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	, 1	54217.32	Disbursemen 2014 X O	ther (specify) ► Runoff
Full Name of Payee Freedomworks, Inc.				of Public Distribution/Dissemination
Mailing Address 400 N Capitol St., NW				
Suite 735			Amou	ınt
City	State	Zip Code		257.27
Washington	DC	20001		action ID : SE.35701 of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Travel		Category/ Type 002		06 / 21 / 2014
Name of Federal Candidate		X Support	Office Sough	nt: House District: 00
CHRISTOPHER BRIAN MCDANIEL		Oppose	Preside	ent X Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		150718.13	Disbursemer 2014	other (specify) ► Runoff
(a) SUBTOTAL of Itemized Independent Expenditures				388.96
(b) SUBTOTAL of Unitemized Independent Expenditure	·s			7 1 7 1 7 1
				7 7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
R. Russ Walker Signature	[Electroni	cally Filed] Date	06	23 2014
Gigirature				

Schedule E)	PAGE 5 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	C C00499020
Check if X 24-hour report 48-hour report New report Amends report fi	iled on D / Y Y Y Y Y
Full Name of Payee Freedomworks, Inc.	Date of Public Distribution/Dissemination
Mailing Address 400 N Capitol St., NW	06 22 2014
Suite 735	Amount
City State Zip Code	2494.20
Washington DC 20001	Transaction ID : SE.35702 Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Travel Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Or	ffice Sought: House District: 00
CHRISTOPHER BRIAN MCDANIEL Oppose	President Senate State: MS
	isbursement For: Primary General Other (specify) ► Runoff
Full Name of Payee HMS Host	Date of Public Distribution/Dissemination
	06 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6000 N Terminal Pkwy	Amount
City State Zip Code	2.10
Atlanta GA 30320	Transaction ID : SE.35694 Date of Disbursement or Obligation
Purpose of Expenditure IE-Travel-McDaniel Category/ Type 002	06 22 / 9 2014
Name of Federal Candidate Support O	ffice Sought: House District: 00
CHRISTOPHER BRIAN MCDANIEL Oppose	President Senate State: MS
	isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	2496.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(-,	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	
R. Russ Walker [Electronically Filed] Date	06 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	II EXI END	ITOTILO		PAGE 6 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA				FEC IDENTIFICATION NUMBER ▼
FREEDOWWORKS FOR AWERICA				C C00499020
Check if 24-hour report 48-hour report	New rep	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee Holiday Inn-MS				of Public Distribution/Dissemination
Mailing Address 10 Gateway Dr.			Amou	06 22 2014 nt
City	State	Zip Code		334.63
Hattiesburg	MS	39402		action ID : SE.35690 of Disbursement or Obligation
Purpose of Expenditure IE-Travel-McDaniel		Category/ Type 002		06
Name of Federal Candidate		Support	Office Sough	t: House District: 00
CHRISTOPHER BRIAN MCDANIEL		Oppose	Preside	MC
Calendar Year-To-Date Per Election for Office Sought	, , ,	154058.76	Disbursemen 2014 X O	t For:
Full Name of Payee Jackson Evers Intl Airport				of Public Distribution/Dissemination
Mailing Address 100 International Dr.			Amou	
City	State	Zip Code	<u> </u>	2.50
Jackson	MS	39208		oction ID : SE.35700 of Disbursement or Obligation
Purpose of Expenditure IE-Travel-McDaniel		Category/ Type 002		06 / 22 / 2014
Name of Federal Candidate		X Support	Office Sough	nt: House District: 00
CHRISTOPHER BRIAN MCDANIEL		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	154341.74	Disbursemer 2014	other (specify) ► Runoff
(a) SUBTOTAL of Itemized Independent Expenditure	es			337.13
(b) SUBTOTAL of Unitemized Independent Expend	itures			
(c) TOTAL Independent Expenditures			· [7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
R. Russ Walker Signature	[Electron	ically Filed] Date	M 06	23 2014
2.9				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA	C C00499020
Check if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Keg & Barrell-MS	06 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1315 Hardy St.	Amount
City State Zip Code	24.00
Hattiesburg MS 39401	Transaction ID : SE.35682 Date of Disbursement or Obligation
Purpose of Expenditure IE-Travel-McDaniel Category/ Type 002	M 06
Name of Federal Candidate Support Office	e Sought: House District: 00
CHRISTOPHER BRIAN MCDANIEL Oppose	President State: MS
Calendar Year-To-Date Per Election for Office Sought Disbute 2014	ursement For: Primary General Other (specify) ► Runoff
Full Name of Payee Leatha BBQ-MS	Date of Public Distribution/Dissemination
	06 21 2014
Mailing Address 6374 US Hwy 98 #D	Amount
City State Zip Code	25.79
Hattiesburg MS 39402	Transaction ID : SE.35683 Date of Disbursement or Obligation
Purpose of Expenditure IE-Travel-McDaniel Category/ Type 002	06 / D D / Y Y Y Y Y 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
OUDIOTORUED DRIAM MODANIEI	President State: MS Senate
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary General State
(a) SUBTOTAL of Itemized Independent Expenditures	49.79
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m. with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	06 23 2014
Signature	

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	Tieddie E)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
ГΙ	REEDOMWORKS FOR AMERICA	C C00499020
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y = Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Murphy Express-MS	06 21 2014
	Mailing Address 4103 Pemberton Sq. Blvd.	Amount
ŀ	City State Zip Code	5.76
	Vicksburg MS 39180	Transaction ID : SE.35685 Date of Disbursement or Obligation
	Purpose of Expenditure IE-Travel-McDaniel Category/ Type 002	06 21 2014
ŀ	Name of Federal Candidate Support Office	Sought: House District: 00
	CHRISTOPHER BRIAN MCDANIEL Oppose	President Senate State: MS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:
ľ	Full Name of Payee Piggly Wiggly-MS	Date of Public Distribution/Dissemination
	Mailing Address 110 East Acadamy	06 21 2014 Amount
ŀ	City State Zip Code	2.13
	Canton MS 39046	Transaction ID : SE.35687 Date of Disbursement or Obligation
	Purpose of Expenditure IE-Travel-McDaniel Category/ Type 002	M 06
ľ	Name of Federal Candidate Support Office	e Sought: House District:00
	OUDIOTORUED DRIAM MODANIEI	President Senate State: MS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary General Other (specify) ► Runoff
(a) SUBTOTAL of Itemized Independent Expenditures	7.89
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	R. Russ Walker [Electronically Filed] Date	
	Signature	

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		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۲	REEDOMWORKS FOR AMERICA	C C00499020
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee Pine Tree-MS	Date of Public Distribution/Dissemination
		06 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 31235 Liberty St.	Amount
	City State Zip Code	2.01
	Canton MS 39046	Transaction ID : SE.35686 Date of Disbursement or Obligation
	Purpose of Expenditure IE-Travel-McDaniel Category/ Type 002	06 21 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	CHRISTOPHER BRIAN MCDANIEI	President State: MS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary General
	Full Name of Payee Raising Cane-MS	Date of Public Distribution/Dissemination
		06 22 2014
	Mailing Address 10420 Hwy 49	Amount
	City State Zip Code	7.47
		Transaction ID : SE.35692 Date of Disbursement or Obligation
	Purpose of Expenditure IE-Travel-McDaniel Category/ Type 002	06 / 22 / Y 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	CHRISTOPHER BRIAN MCDANIEL Oppose	President Senate State: MS
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	9.48
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 7 1 7
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	R. Russ Walker [Electronically Filed] Date 06	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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Schedule E)	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	PAGE 10 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
FREEDOMWORKS FOR AMERICA		C C00499020
Check if 24-hour report 48-hour report New report	Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Shell-MS		Date of Public Distribution/Dissemination
Mailing Address 977 Columbia Ave.		06 21 2014
		Amount
	o Code	25.00
Prentiss MS 39	9174	Transaction ID : SE.35679 Date of Disbursement or Obligation
Purpose of Expenditure IE-McDaniel-Travel	Category/ Type 002	06 21 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
CHRISTOPHER BRIAN MCDANIEL	Oppose	President State: MS
Calendar Year-To-Date Per Election for Office Sought	Disbu 2014	rsement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Starbucks-MS		06 21 2014
Mailing Address 3708 Hardy St.		Amount
Cit. State 70	- Codo	4.90
	p Code 9402	4.80 Transaction ID : SE.35681 Date of Disbursement or Obligation
Purpose of Expenditure IE-Travel-McDaniel	Category/ 002	06 21 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
CHRISTOPHER BRIAN MCDANIEL	Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	150336.56 Disbu 2014	rrsement For: Primary General Other (specify) ► Runoff
(a) SUBTOTAL of Itemized Independent Expenditures		29.80
(12) CURTOTAL of Unitermined Indopendent Evrenditures		7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
R. Russ Walker [Electronical	lly Filed] Date 00	
Signature		

Schedule E)	AI LINDITOIL	_0			PAGE 11	OF 12 FORM 24/48	
NAME OF COMMITTEE (In Full)				FEC I	DENTIFICATION		<u> </u>
FREEDOMWORKS FOR AMERICA				С	C00499020		
Check if 24-hour report 48-hour report	New report	Amends rep	oort filed on	M = M	/ D D /	Y = Y = Y =	Υ
Full Name of Payee Tropical Smoothie Cafe-MS			Da	M M	ic Distribution/	Y Y Y Y	
Mailing Address 6129 Hwy 98			Am	06 nount	22	2014	_
City State	e Zip Co	de	<u> —</u> г			6.86	,
Hattiesburg MS	·				ID: SE.35691 ursement or C		_
Purpose of Expenditure IE-Travel-McDaniel	Cate	gory/ Type 002	2	06	22	2014	Υ
Name of Federal Candidate		Support	Office Sou	uaht:	House	District: 00	
CHRISTOPHER BRIAN MCDANIEL		Oppose		_	Senate	State: MS	
Calendar Year-To-Date Per Election for Office Sought	154065.	62	Disbursen 2014	nent For: Other (s	Primary pecify) ▶	Gene Runoff	ral
Full Name of Payee Waffle House-MS			Da	te of Publ	ic Distribution	Dissemination	1
Wallie House-IVIS				M M M 06	/ 22 /	2014	Y
Mailing Address 6737 Hwy 49 N			An	nount			_
City Stat	e Zip Co	ode	— I			10.44	П
Hattiesburg MS	3940				D: SE.35693 oursement or 0	Obligation	
Purpose of Expenditure IE-Travel-McDaniel	Cate	gory/ Type 002		06	22	2014	Υ
Name of Federal Candidate	•	Support	Office So	ught:	House	District:00	1
CHRISTOPHER BRIAN MCDANIEL		Oppose	Pre	sident	X Senate	State: MS	
Calendar Year-To-Date Per Election for Office Sought	154	083.53	Disbursen 2014	nent For: Other (s	Primary	Gene Runoff	ral
(a) SUBTOTAL of Itemized Independent Expenditures						17.30	_
					7		_
(b) SUBTOTAL of Unitemized Independent Expenditures			▶				╛
(c) TOTAL Independent Expenditures			··· •		4		
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized comm						
R. Russ Walker	[Electronically F	iled] Dat	te 06	/ 23	201	4	
Signature							

Schedule E)	EXI END	TOTILO		PAGE 12 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA				FEC IDENTIFICATION NUMBER ▼
FREEDOWWORKS FOR AMERICA				C C00499020
Check if 24-hour report 48-hour report	New repo	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee Wards-MS				of Public Distribution/Dissemination
Mailing Address 101 Thornhill Dr.			Amou	06 21 2014 nt
-01	0			
City Hattiesburg	State MS	Zip Code 39402		8.87 action ID : SE.35680
Purpose of Expenditure IE-McDaniel-Travel		Category/ Type 002		of Disbursement or Obligation 06 21 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
CHRISTOPHER BRIAN MCDANIEL		Oppose	Preside	MC
Calendar Year-To-Date Per Election for Office Sought	, 1	50331.76	Disbursement 2014 X 0	t For:
Full Name of Payee Whataburger-MS				of Public Distribution/Dissemination
Mailing Address 11464 Highway 49 North			L	06 22 7 2014
The magnitude			Amou	nt
City	State	Zip Code		12.74
Gulfport	MS	39503		of Disbursement or Obligation
Purpose of Expenditure IE-Travel-McDaniel		Category/ Type 002		06 / 22 / 2014
Name of Federal Candidate		X Support	Office Sough	nt: House District: 00
CHRISTOPHER BRIAN MCDANIEL		Oppose	Presid	ent Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	, , ,	154326.64	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	S			21.61
(b) CURTOTAL of Uniterprised Independent Europedite				7 1 7 1 7 1
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	7 7 7
(c) TOTAL Independent Expenditures			· [6538.05
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
R. Russ Walker	[Electron	ically Filed] Date	06	23 2014
Signature				